

FITNESS STUDIO/FITNESS INSTRUCTOR FORM

Brokerage: _____

Contact Person: _____ Email: _____

Name of Insured: _____ o/a: _____

Mailing Address: _____ City/Prov: _____ Postal Code: _____

Location Address (if different from mailing): _____

Telephone: () _____ Website: _____

Previous Insurance Company: _____ Is renewal being offered? Yes No

Has the named insured ever been refused or cancelled coverage? Yes No Desired Effective date: _____

5 Year Loss History: _____

UNDERWRITING INFORMATION

Estimated Total Annual Gross Receipts: \$ _____ Annual Retail Receipts: \$ _____

Do you own, rent or lease space on an annual basis? Yes No

Are you a licensed: Studio in your home Club Studio

Are clients required to sign a "Waiver of Liability" prior to taking an in person or online class/session? Yes No
(SRIM can provide a sample if needed)

Total number of employees / independent contractors / trainers to be included on the policy(please specify): _____

Is the insured along with all additional trainers (full time/part time/contractors) fully certified? Yes No

Is there a staff member on site at all times? Yes No Do any owners/employees certify other trainers? Yes No

Do you offer online sessions? Yes No Are there instructional videos posted on social media? Yes No

Are all online operations and services within Canada and only for Canadian participants? Yes No

Do any trainers work one on one with professional and/or semi-professional athletes? Yes No

Is there any hot yoga (ie. Bikram, Moksha, etc.) offered? Yes No Maximum Temperature: _____

Do you operate your business outside of Canada? Yes No If yes, where and what percentage? _____

Are there any outdoor activities that are over 10% of the operations? Yes No

Are there any aerial, hoop or silk activities? Yes No If yes, please advise height off of floor for silks: _____

Is the location(s) under renovations of any kind? Yes No If yes, please complete the renovation questionnaire

Do you serve alcohol or allow participants to bring alcohol on the premises and/or event(s)? Yes No

Please describe any other operations: _____

Name, address, and relationship to insured of any "Additional Insureds" to be added: _____

Property & Business Interruption Coverages	Amount of Insurance
Building	
Equipment (Including Tenants Improvements)	
Stock	
Miscellaneous Property Floater	
Extra Expense	
Business Interruption (Profits of ALS, please specify)	
Equipment Breakdown	
Computer (Hardware/Software)	
Office Contents	
Rent or Rental Value	
Liability Coverage	Amount of Insurance
Commercial General Liability	

OPTIONAL COVERAGES

Select any of the following optional coverages you require)

- | | |
|---------------|-------------------------------------|
| Sewer Back-up | Property Extension Endorsement |
| Earthquake | 3D Crime Flood |

Target Premium (if known): _____

This application does not bind the applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the bases of the contract should a policy be issued.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning various risk characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

It is mutually agreed between the Company and the applicant that any inspection of premises, operations or any matter pertaining to insurance afforded by the Company, is made for the use and benefit of the Company only and is not to be relied upon by the applicant in any respect.

Applicant's Signature: _____ Date: _____